

Great Minds Fellowship - Workforce Commitment Incentive Program Application

Complete this application if you would like to apply for loan forgiveness through the Great Minds Fellowship - Workforce Commitment Incentive Program. Email the completed application and a digital copy of your college or university transcript demonstrating graduation date and academic program to GreatMindsWCIP@highered.ohio.gov. **Please ensure the documentation you attach does not show your social security number.** If your application is accepted, you will have to sign a promissory note and complete the required service obligation.

SECTION 1 – APPLICATION ELIGIBILITY REQUIREMENTS

To be eligible to apply for the Great Minds Fellowship Workforce Commitment Incentive Program, an applicant must:

- Have graduated or received certification **no earlier than Spring term, 2023 and no later than January 6, 2025** from one of the following academic programs: Marriage and Family Counseling, Mental Health Counseling, Psychiatric and Mental Health Nursing, Social Work, Substance Abuse/Addiction Counseling or related academic program. *Note: Academic program relatedness will be determined by the Ohio Department of Higher Education.*
- Be currently employed at an eligible Ohio Community Behavioral Health Center (CBHC) in a direct care position OR have an employment offer with a start date no later than January 6, 2025 from an eligible Ohio Community Behavioral Health Center (CBHC) in a direct care position.
- Commit to at least one year of full-time employment at an eligible Ohio CBHC in a direct care position.
 - » Full-time is defined as an average of 32 hours or more.
 - » Successful applicants will be required to provide verification of employment at the one-year mark.

SECTION 2 – APPLICANT'S INFORMATION

First Name: Middle Initial: Last Name:
Last 4 of SSN: Date of Birth:
Permanent Address:
Current Address, if different than permanent:
Phone Number: Email Address:
Driver's License Number: State of Issue:

SECTION 3 – INSTITUTION/INTERNSHIP INFORMATION – Attach your final transcript.

Institution graduated from:
Address of institution:
Dates of attendance:
Graduation date:

If you had an internship or similar experiential learning, what is the name of business and location (city/state):

**This information is for internal data purposes only and does not factor into eligibility.*

SECTION 4 – STUDENT LOAN SERVICER INFORMATION

Attach student loan statement. Great Minds - Workforce Commitment Incentive Program funds may repay the principal and interest of an educational loan issued by the government or a financial institution taken by an individual for tuition and other educational expenses such as fees, books, and room and board. Personal loans or loans from any other entity, including family, are not eligible.

Lender name:

Account number:

Lender payment mailing address:

Total outstanding balance:

Number of years in repayment:

I certify that I am seeking repayment for loans that did not exceed the Cost of Attendance, and that the loan amount I am seeking repayment for was used for educational purposes only.

SECTION 5 – EMPLOYMENT

Employer:

Employer address:

Employer phone number: Ohio county of employment:

Dates of employment:

Position title:

I certify that upon acceptance of the award, I will become or remain employed full-time in a direct care position at an eligible Ohio CBHC by January 6, 2025, for at least one year of employment and will provide verification at the one-year mark.

SECTION 6 – APPLICANT CERTIFICATION

By signing below, I certify all the information contained in this application is true and accurate, and that I am eligible to apply pursuant to Section 1 of this application. I certify that, to the best of my knowledge, I am eligible for participation in the Great Minds Fellowship - Workforce Commitment Incentive Program. I understand that providing any false or misleading information will be grounds for immediate disqualification from the program. I certify I have read and understand the eligibility requirements of the program and am aware that completion of this application does not guarantee receipt of funding. I understand if this application is approved, I will be required to sign a promissory note and verify my employment before any loans are repaid, and again in one year. I understand it is my responsibility to notify ODHE immediately at any time if I fail to continue to meet any of the original eligibility requirements referenced in this application. By signing, I give permission to ODHE to collect and confirm any additional information with my lender/servicer, employer, and the Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board.

Full Name Date

Signature